

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24168

1. PLACE OF DEATH

County GreeneRegistration District No. 321Township ClarkPrimary Registration District No. 5444City Springfield Mo.St. Mo. Ward 3

File No. _____

Registered No. 11

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Rt. 3

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFW. T. Fieldes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 15-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.68321

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Springfield Mo.

13. NAME

J. W. D. L. T. Mack14. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Person

15. MAIDEN NAME

Mary J. Murphy16. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Penn.17. INFORMANT
(ADDRESS)W. T. Fieldes

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hogehum

DATE

July 17, 193419. UNDERTAKER
(ADDRESS)Springfield Mo.

20. FILED

Aug 9, 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 17-1934

22. I HEREBY CERTIFY That I attended deceased from

Dec1932 to July 17, 1934I last saw her alive on July 17th, 1934 Death is saidto have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

5Chr. myocarditis1932

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Ray D. Sallaway, M. D.
Springfield Mo

